

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No. _____

Start Card No. 075609

29/SE/23 K
075609

(1) OWNER: Name BAYVIEW WATER DIST 1 Address 1916 E SHORE AVE, FREE LAND WA

(2) LOCATION OF WELL: County ISLAND NW 1/4 SE 1/4 Sec 23 T 29 N. R 2E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 1916 E SHORE AVE FREE LAND WA.

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☒ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 2
Abandoned ☐ New well ☒ Deepened ☐ Reconditioned ☐
Method: Dug ☐ Bored ☐
Cable ☒ Driven ☐
Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 166 feet. Depth of completed well 166 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 156 ft.
Welded ☒ " Diam. from _____ ft. to _____ ft.
Liner installed ☐ " Diam. from _____ ft. to _____ ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name JOHNSON

Type STAINLESS

Model No. _____

Diam. 6 Slot size 12 from 156 ft. to 166 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 + ft.

Material used in seal CEMENT

Did any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
SAND	0	14
DIRTY COMPACT SAND	14	76
SAND - DIRTY	76	108
WATER IN SAND	108	166
WATER SAND - FINER	166	

ISLAND COUNTY Well Site
APPROVED

RECEIVED

MAR 20 1991

DEPT. OF ECOLOGY

(7) PUMP: Manufacturer's Name _____
Type: Sub H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 125 ft.
Static level 108 ft. below top of well Date MAR 91
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

" " " " " "
" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test _____

Bailer test 20 gal./min. with 10- ft. drawdown after 2 hrs.

Airtest _____ gal./min. with stem seal at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address OAK HARBOR WA 98277

(Signed) [Signature] License No. 129
(WELL DRILLER)

Contractor's Registration No. WAHD289 Date MAR, 1991

(USE ADDITIONAL SHEETS IF NECESSARY)